PR001 12-Mar-12

Preliminary Report of Accident

U.S. Department of Labor Mine Safety and Health Administration



										*	
1. Accident Type:	Accident Type: 2. Accident Classification					3. Date/Time of Accident 4. 1		, Date/Time of Death		5, Fatal Case No	
Fatal Injury	Fall of Face, Rif		ib, Pillar or Highwall		03/10/2012 06:15 PM		л 03/10	03/10/2012 06:15 PM		. 4.	
6. Mine Information :										-	
a) Mining Company Name b) Mine Name					c) Parent of Mining Company					•	
Kingston Mining, Inc.			Kingston No.	2		•	Alpha Na	tural Reso	urces, Inc).	
7. Mine Location :	a) City		b) C	County	c) State		8. Mine II) Number:		9. Union:	
Sca	arbro		Fayette		WV		46	6-08932		NO	
10. Primary Mineral Mined: BITUMINOUS		1	I. Number of ne Employees:	a) Total 94	b) Underground 90	c) Open I	t/Quarry	d) Mill	Prep Plant	e) Other	
12. Contractor Name:			,			13.1	Jnion		14. Contrac	ctor ID Number;	
15. Contractor Address: a) City						c) State			ip Code		
16. Number of Contractor En	nployees:	a) Tota	ıl b) Underground	e) Ope	en Pit/Quarry		d) Mill/Prep	Plant	e) Other	
		<u> </u>			<u> </u>						
17. Number of Persons in Mi		ecident;			18, Number	of Persons Un	accounted Fe	r;			
a) Mine Employees:	30	b) Cont	ractor Employe	es:	a) Mine E	mployees:		b) Cont	ractor Emp	oloyees:	
19) Location of Accident X 01-Underground		03-Open	Die	X 07-Advar	en Mining	30-Mill/Pi	ion Dlant	Ceban	(specify)	20, Mining Height:	
02-Surface at Undergro			ge Mining		at Mining	99-Office	•	[Other	(specify)	Feet Inches 5 8	
		Fatal Inju		Ua-Ketre	at withing	99-Onice	гасинту			5 0	
21. Nonfatal Injuries:	0	ratai itijui	1 1								
23. Victim Information:	b) Age 34										
c) Regular Job Title: Section Forema	an		d) Activi	ty at Time of A		Continuous	Minina M	achine	[X] N	line Employee	
	Veeks Days		Years Wo	eeks Davs		<u> </u>	eeks Days			Years Weeks Days	
•		b) at the n			at activity (23d)	7 3	-	d) with Co	ntractor	·	
25. Autopsy Performed:			26, Mir	ie Telephone							
								(304)	169-6290		
27. Description of Accident (i At approximately 6:15 p. in the No. 2 entry. The vapproximately 10.5 feet advanced.	.m., Jeremy S victim was str	ligler, se uck by ro	ction foremar	n on the No. from the rigi	1 Section, was ht rib. The por	fatally injure	ed while op which fel	erating the	k the victi	m was	
•				•							
		1									
The information provided in			liminary data C	NLY and does	not represent fin	al determinatio	ns regarding	g the nature o	of the incide	ent or conclusions	
regarding the cause of the accident. 28. Equipment Manufacturer:						29. Model:					
· ·						29, Widdel.					
30. District: C0400 Mt. Hope			32. Field Of		ope WV	pe WV			33, Event Number: 6297353		
					MSHA Person Notified:			Date	,	Time	
Darius L. Barker	David Morris				03/10/20		06:29 P				
36. Type of Report: 37. Name of Prepare				and Date Prep				Date			
Initial Darius L. E							-		03/11/201	12	
38 Doncon For Amendment											